



Department of Veterans Affairs Office of Inspector General

Healthcare Inspection

Nursing Home Care Unit and Homemaker Assistance Program Issues Marion VA Medical Center Marion, Illinois

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Executive Summary

Healthcare Inspection, Nursing Home Care Unit and Homemaker Assistance Program Issues, Marion VA Medical Center, Marion, IL

The purpose of the review was to determine the validity of an anonymous allegation that the Homemaker Assistance Program and the Nursing Home Care Unit were not following eligibility guidelines for admission. In addition, it was alleged that the Nursing Home Care Unit did not provide quality care to Alzheimer's Dementia, or Mental Health patients.

We concluded that the medical center staff provided appropriate care and followed VHA eligibility guidelines for treatment of patients in both programs. We made no recommendations.



Department of Veterans Affairs
Office of Inspector General
Washington, DC 20420

TO: Director, VA Heartland Network (10N15)

SUBJECT: Healthcare Inspection – Nursing Home Care Unit and Homemaker Assistance Issues, Marion Veterans Affairs Medical Center, Marion, Illinois

1. Purpose

The Department of Veterans Affairs Office of Inspector General's (OIG) Office of Healthcare Inspections (OHI) conducted an inspection to determine the validity of allegations regarding care of Alzheimer's/dementia and mental health (MH) patients in the Nursing Home Care Unit (NHCU), and admissions to the Homemaker Assistance Program at the Marion VA Medical Center (VAMC).

2. Background

The Marion VAMC (the medical center) provides primary and secondary medical, surgical, and long-term care services to veterans in southern Illinois, southwestern Indiana, and western Kentucky. The NHCU services include extended care rehabilitation, respiratory-palliative care, and skilled nursing care. The Homemaker Assistance Program provides such non-skilled services as assistance with bathing, toileting, transferring, feeding, and other instrumental activities of daily living such as shopping, meal preparation, light housekeeping, medication management, mobility, and laundry. The primary goal of this program is to provide services that will enable the veteran to remain in the community, resulting in a higher quality of life and a possible reduction in cost of care.

On October 19, 2005, an anonymous medical center employee contacted the OIG Hotline Division and alleged that the NHCU did not provide quality care to Alzheimer's/Dementia or MH patients and that it discriminated against admitting patients with those diagnoses. The complainant further alleged that the Homemaker Assistance Program was not following eligibility guidelines in determining who should receive services and that the medical center guidelines contradict the Secretary of Health guidelines.

3. Scope and Methodology

We visited the facility on October 31, 2005, and interviewed the NHCU Clinical Program Director, the NHCU Program Manager, and the Community Health Nurse. We reviewed policies, procedures, directives, admission rosters, and interviewed patients. Because of the request to remain anonymous, we were unable to interview the complainant.

We conducted the review in accordance with the *Quality Standards for Inspections* published by the President's Council on Integrity and Efficiency.

4. Inspection Results

Issue 1: Nursing Home Care Unit Quality of Care and Admission Policy

We did not substantiate the allegations that NHCU staff did not provide quality care to Alzheimer's/dementia and other MH patients or that the staff discriminated against these patients by denying them admission to the NHCU.

During the period May through October 2005, 11 patients were admitted to the NHCU for long term care. Three of the 11 (36 percent) patients had diagnoses of dementia and 1 patient had a MH diagnosis. During this same period, 18 patients were admitted to the NHCU for respite care; 9 of these 18 (50 percent) patients had diagnoses of Alzheimer's/dementia.

The NHCU Program Manager gave us a copy of the tool utilized to evaluate candidates for admission. The tool does not exclude patients with Alzheimer's/dementia or MH diagnoses. The tool does make a distinction between patients who are a danger to themselves or others and those who are not. The Program Manager told us that patients with documented episodes of dangerous behaviors are usually not admitted to the NHCU, but are referred to geropsychiatric facilities that are equipped to handle violent patients. In these cases, patients' family members are involved in the decision.

The Program Manager told us that, in the past, they have admitted patients with documented episodes of dangerous behavior to determine if their violent behaviors could be controlled, thus making them eligible for long term admission. She told us that medication changes improved behaviors in some of these patients, and subsequently they were approved for admission for long term care.

We compared the NHCU screening criteria to the Veteran's Health Administration (VHA) Directive "Eligibility for Nursing Home Care," the local policy, and the NHCU's scope of services. The criteria for admission matched in all four documents. There were no discrepancies between locally developed criteria and the VHA Directive.

We interviewed five current residents of the NHCU. Two had diagnoses of dementia. All five patients were satisfied with their care, rating the overall quality as very good.

We reviewed quality of care data that included patient satisfaction survey results, skin breakdown and fall rates, functional and activity data, and infection control statistics. We did not find any trends that indicated problems with the quality of care provided on the NHCU.

The NHCU Clinical Program Director has proposed a new Alzheimer's unit that would meet the needs of the aggressive geropsychiatric and Alzheimer's/dementia patients. The current NHCU is unlocked and is not designed to support safe care for these aggressive, dangerous patients. Non-aggressive patients with Alzheimer's/Dementia and MH diagnoses are admitted to the NHCU.

Issue 2: Homemaker Assistance Program Guidelines

We did not substantiate the allegation that the Homemaker Assistance Program was not following VHA Directives and eligibility guidelines for provision of services.

We reviewed the medical center's Administrative Eligibility and Clinical Screening Criteria for the Homemaker Assistance Program. We compared the criteria to VHA's Directive IL 10-2004-005, Attachment B, "Eligibility Criteria for Home and Community-Based Care Programs (H&CBC) and Geriatric Evaluation." The medical center policy mirrors this national directive.

5. Conclusion

We concluded that medical center staff provide appropriate care and follow VHA eligibility guidelines for treatment of patients in both the NHCU and Homemaker Assistance Program. Patients with Alzheimer's/Dementia as well as MH diagnoses are not denied admission to the NHCU.

Because we did not substantiate the allegations, we are closing this case without recommendations.

6. OIG Comments

The VISN Director and Medical Center Director agreed with the report findings and conclusions.

(original signed by:)
JOHN D. DAIGH, JR., MD
Assistant Inspector General for
Healthcare Inspections

Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 6, 2006

From: Director, VA Heartland Network (10N15)

Subject: Nursing Home Care Unit and Homemaker Assistance
Program Issues, Marion VA Medical Center, Marion, Illinois

To: Assistant Inspector General for Healthcare Inspections

We concur with your findings and conclusions.

(original signed by:)

PETER L. ALMENOFF, M.D.

Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: March 3, 2006

From: Director, Marion VA Medical Center (657A5/00)

Subject: Nursing Home Care Unit and Homemaker Assistance
Program Issues, Marion VA Medical Center, Marion, Illinois

To: Assistant Inspector General for Healthcare Inspections

We concur with your findings and conclusions.

(original signed by:)

ROBERT D. MORREL

OIG Contact and Staff Acknowledgments

OIG Contact	Virginia Solana (816) 426-2023 Director, Kansas City Regional Office of Healthcare Inspections
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